

MR

ORIGINAL

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

RECEIVED

MAR 12 2014  
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MB

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

DeAndre Bailey

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

14CV1787  
JUDGE HOLDERMAN  
MAGISTRATE JUDGE KEYS

vs.

Case No: \_\_\_\_\_  
(To be supplied by the Clerk of this Court)

Tom Dart



(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

CHECK ONE ONLY:

- ☒ COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants)
- ☐ COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331 U.S. Code (federal defendants)
- ☐ OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

- A. Name: DeAndre Bailey
- B. List all aliases: NA
- C. Prisoner identification number: M32413
- D. Place of present confinement: Sheridan Correctional Center
- E. Address: 4017 E 2603 RD

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Tom Dart
- Title: Sheriff of Cook County
- Place of Employment: Cook County Jail
- B. Defendant: \_\_\_\_\_
- Title: \_\_\_\_\_
- Place of Employment: \_\_\_\_\_
- C. Defendant: \_\_\_\_\_
- Title: \_\_\_\_\_
- Place of Employment: \_\_\_\_\_

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: NA
- B. Approximate date of filing lawsuit: NA
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: NA
- D. List all defendants: NA
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): NA
- F. Name of judge to whom case was assigned: NA
- G. Basic claim made: NA
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): NA
- I. Approximate date of disposition: NA

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

#### IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On the above date 6-6-12 I was in cook county jail Division 1 where I was forced to go over 30 days without a clothing change or even given a second D.O.C outfit like the rest of the inmates. I also went without clean underwear and bed sheets for well over 30 days because, I wasn't allowed to wash my underwear and sheets on the living unit using sinks. I wasn't able to get my things cleaned until about the second maybe third week of July. On around 6-21-12 I was moved to housing unit D-4, where none of the sinks outside of the cells worked until early August. On around 6-21-12 the shower drain wasn't working, so the shower would be full of raw sewage. On 7-2-12 the sewage started to flow over without the water being ran. On about 7-16-12 the flooding got so bad, the sewage flowed into the dayroom of the housing unit where we eat our meals almost every other day. The sewage brought a lot of bugs and a unbearable smell. The showers were not fixed until about 8-2-12. But once the showers were fixed. They didn't disinfect them for

about a week maybe two. From 6-6-12 until about 10-22-12 I got little to most of the time no cleaning supplies to kill germs that build up everyday in my cell. I was forced to eat in the same room where me and another man slept and used the toilet without being able to properly clean up. ~~Because~~ Because of living in these deplorable conditions I've experienced extreme anxiety attacks and panic episodes. I've even taken medicine for anxiety as well as reoccurring rashes. My asthma has even taken a turn for the worse.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

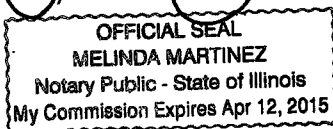
Money for unreasonable living and for this to never happen again.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

State of Illinois County of LaSalle  
Signed before me on this 13 day  
of Jan., 20 14 by DeAndre Bailey  
Notary Public Melinda Martinez



Signed this 13 day of Jan, 20 14

DeAndre D. Bailey  
(Signature of plaintiff or plaintiffs)

DeAndre D. Bailey  
(Print name)

M32413  
(I.D. Number)

4017 E. 2603 RD

Sheddan IL 60551  
(Address)

IN THE  
United States District Court Northern District of Illinois  
Eastern Division

DeAndre Bailey  
Plaintiff/Petitioner

Vs.

No. \_\_\_\_\_

Tom Dart  
Defendant/Respondent

PROOF/CERTIFICATE OF SERVICE

TO: U.S. District Court TO: \_\_\_\_\_  
Northern District of Illinois Eastern Division  
219 South Dearborn, 20th floor  
Chicago, IL 60604

PLEASE TAKE NOTICE that on Jan. 15, 20 14, I placed the  
attached or enclosed documents in the institutional mail  
at Sheridan Correctional Center, properly addressed to the  
parties listed above for mailing through the United States Postal Service

DATED: 1-15-14

By: DeAndre D. Bailey  
Name: DeAndre D. Bailey  
IDOC#: M32413  
Address: Sheridan Correctional Center  
4017 East 2603 Road  
Sheridan, Illinois 60551

Subscribed and sworn to before me this 15 day of January, 20 14

Melinda Martinez  
Notary Public

OFFICIAL SEAL  
MELINDA MARTINEZ  
Notary Public - State of Illinois  
My Commission Expires Apr 12, 2015



DETAINEE COPY



COOK COUNTY SHERIFF'S OFFICE  
(Oficina del Aguacil del Condado de Cook)

104-10  
APPEAL

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

make copy

2012X10020

INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

Baileur

INMATE FIRST NAME (Primer Nombre):

DeAndre

ID Number (# de Identificación):

2010-0929208

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

Detainee alleges shower need repairs

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

Facilities Management

DATE REFERRED:

07/10/12

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Spoke with detainee, work order put in 2012-10969  
first one completed 7-2-12

PERSONNEL RESPONDING TO GRIEVANCE (Print):

Mr. Lopez

SIGNATURE:

[Signature]

DIV./DEPT.

Admin

DATE:

07/18/12

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:

☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

[Signature]

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

7/24/12

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

\* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

\* Las apelaciones tendrán que ser sometidas dentro del los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

7/24/12

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

I would like to appeal because the  
they said the work order was complete the shower was  
still flooding on 7-2-12 the problem was fixed 7-23-12

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

(¿Apelación del detenido aceptada por el administrador o/su designado(a)?)

Yes (Si)

☐

No

☒

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

A second work order was placed.

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a)):

Joseph Conso

SIGNATURE (Firma del Administrador o/su Designado(a)):

[Signature]

DATE (Fecha):

7/27/12

INMATE SIGNATURE (Firma del Preso):

[Signature]

DATE INMATE RECEIVED APPEAL RESP

(Fecha en que el preso recibió respues)

7/30/12





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

D4-10

☐ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

2012X10020

! This section is to be completed by Program Services staff - ONLY ! (! Para ser llenado solo por el personal de Program Services !)

## GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE  
☒ GRIEVANCE  
☐ NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

## REFERRED TO:

- ☐ CERMAK HEALTH SERVICES  
☐ SUPERINTENDENT:  
☒ OTHER: Prisoner's Complaint

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Bailey

PRINT - FIRST NAME (Primer Nombre):

DeAndre

ID Number (# de identificación):

2010929208

DIVISION (División):

1

LIVING UNIT (Unidad):

D-4

DATE (Fecha):

7 / 21 / 12

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- \* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- \* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- \* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- \* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- \* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- \* Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

## PLEASE INCLUDE:

(Por Favor, Incluya:

Date of Incident - Time of Incident - Specific Location of Incident  
Fecha Del Incidente - Hora Del Incidente - Lugar Especifico Del Incidente

I am on D-4 and our shower flooding full of dirty water I can not clean my self under these conditions The drain has been clogged for the last 2 weeks. Then day room sinks haven't worked since we've been on this deck I have been on this deck for about 3 weeks now

ACTION THAT YOU ARE REQUESTING (Acción que está solicitado):

I want it fixed so I can take a shower

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información)

INMATE SIGNATURE (Firma del Preso):

SUPERINTENDENTS/DIRECTORS/DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR:

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:





# COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE

☐ NON-GRIEVANCE (REQUEST)

CONTROL #

**I This section is to be completed by Program Services staff - ONLY !** (! Para ser llenado solo por el personal de Program Services !)

### GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE  
☐ GRIEVANCE  
☐ NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

### REFERRED TO:

- ☐ CERMAK HEALTH SERVICES  
☐ SUPERINTENDENT: \_\_\_\_\_  
☐ OTHER: \_\_\_\_\_

### INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

ID Number (# de identificación):

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

### INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- \* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- \* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- \* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- \* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- \* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- \* Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE:

(Por Favor, Incluya:

Date of Incident

Fecha Del Incidente

Time of Incident

Hora Del Incidente

Specific Location of Incident

Lugar Especifico Del Incidente)

The shower on D-4 has got extremely bad. The shower is flooded with raw sewage coming from the drain that has been clogged for almost a month. There are a lot of bugs flying around and there is a very bad smell coming from the shower.

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitado):

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE (Firma del Preso):

**SUPERINTENDENTS/DIRECTORS/DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.**

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Aguacil del Condado de Cook)

## INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

☒ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

2012 X12188

## INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de Identificación):

## GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL &amp; RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

DATE REFERRED:

RESPONSE BY PERSONNEL HANDLING REFERRAL:

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

## INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

\* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

\* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido:) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación:)

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?  
(¿Apelación del detenido aceptada por el administrador o/su designado(a)?)

Yes (Si)

No

☐☐

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a)):

SIGNATURE (Firma del Administrador o/su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE  
(Fecha en que el preso recibió respuesta a su apelación):



**COOK COUNTY SHERIFF'S OFFICE**

(Oficina del Alguacil del Condado de Cook)

**INMATE GRIEVANCE FORM**

(Formulario de Queja del Preso)

☐ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

! This section is to be completed by Program Services staff - ONLY! (! Para ser llenado solo por el personal de Program Services !)

**GRIEVANCE FORM PROCESSED AS:**

- ☐ EMERGENCY GRIEVANCE  
☐ GRIEVANCE  
☐ NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

**REFERRED TO:**☐ CERMAK HEALTH SERVICES☒ SUPERINTENDENT: DIV. 1☐ OTHER: \_\_\_\_\_**INMATE INFORMATION (Información del Preso)**PRINT - INMATE LAST NAME (Apellido del Preso):PRINT - FIRST NAME (Primer Nombre):

ID Number (# de identificación):

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

**INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):**

- \* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- \* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- \* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.

*\* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.**\* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.**\* Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.*

PLEASE INCLUDE:

(Por Favor, Incluya:

Date of Incident

- Time of Incident

- Specific Location of Incident

Fecha Del Incidente

- Hora Del Incidente

- Lugar Especifico Del Incidente)

Our shower was unclogge on 7-23-12 but we where  
with out hot water from 7-16-12 until 8-2-12 The  
shower is now working properly but it still has not  
been disinfected from when the drain was clogged  
and flooded with the raw sewage

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitado):

kill all those germs

I just want everything disinfected to

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE (Firma del Preso):

SUPERINTENDENTS/DIRECTORS/DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECIEVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED: